ARIZONA STATE BOARD OF HEALTI

AMZVIIA SIAIL	State File No.
1. PLACE OF BIRTH	ITAL STATISTICS Registered No. 2
STANDARD CERT	TIFICATE OF BIRTH
County /Wla	
District or Township	or Village (1.0). Box 1234 Muami, Un
III I OLAAA I .	- m a
L. Of all birth occurred in	St. Ward hospital or institution, give its NAME instead of street and rumber) \ If child is not yet named, make
2. Full name of child / WOOTO WITH	supplemental report, as directed.
3. Sex of Child To be answered ONLY) 4. Twin, triplet or ot	6. Legitimate 7 7. Date M
mult in event of plural births. 5. No., in order of b	irth of birth Month Day Year
8. FATHER	1 14. () MOTHER ()
Full name Use abitia	Full maiden name Mariana Pascow
9. Residence (Usua Mace of abode) Miami	15. Residence (Usual place of abode) Mami
If non-resident, give place and state. AMADUA	If non-resident, give place and state. Wasva.
10. Color or race	16. Color or race
11. Age at last birthdas 37 (Years)	man 30 m
Mult.	17. Age at last birthday 3.0(Years)
12. Birthplace (city or place) Chuhuahua	18. Birthplace (city or place) Muhuahua
(State or country)	(State or country) My.
13. Occupation Track man	19. Occupation
Nature of Industry Low Pacific (P. A.	Nature of Industry Housewife
1 20. Redinact of camaran of the	ve and now living. O 21. Were precautions taken against oph-
(Taken as of time of birth of child herein 6 f (b) Born all certified and including this child.)	We but now dead.
CERTIFICATE OF ATTEND	INA PHYSICIAN OR MIDWIFE S'OD
I hereby certify that I attended the birth of this child, who was	(Born alive or stilly on)
When there was no attending physician or midwife, then the father, householder, Signature	1/1 $3a = 0$ 4 4 1 $1/1$ $1/1$
lete should make this return. A stillborn	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
child is one that neither breathes nor thous other evidence of life after birth.	(Physician or midwite.)
Given name added from a supplementl report	Mami, arkona.
Month, day, year	
Registrar.	Registrar.
7// 510 18	V same
111 - 204 - 973	•